

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

WOMEN VOTE!

ADDRESS (number and street)

1800 M Street, NW

Ste 375N

☐ Check if different  
than previously  
reported. (ACC)

Washington

DC

20036

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00473918

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☒

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

DC

5. Covering Period

M M M / D D D / Y Y Y Y Y Y

10

16

2014

through

M M M / D D D / Y Y Y Y Y Y

11

24

2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Caroline Fines

Signature of Treasurer

Caroline Fines

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y

12

04

2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

WOMEN VOTE!

Report Covering the Period: From: M M / D D / Y Y Y Y Y 10 / 16 / 2014 To: M M / D D / Y Y Y Y Y 11 / 24 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</span> 2014		<span style="border: 1px solid black; padding: 2px;">393008.56</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">450507.71</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">3214026.00</span>	<span style="border: 1px solid black; padding: 2px;">11203605.75</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">3664533.71</span>	<span style="border: 1px solid black; padding: 2px;">11596614.31</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">3286127.44</span>	<span style="border: 1px solid black; padding: 2px;">11218208.04</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">378406.27</span>	<span style="border: 1px solid black; padding: 2px;">378406.27</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**WOMEN VOTE!**

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
10		16		2014

To:

M M	/	D D	/	Y Y Y Y
11		24		2014

**I. Receipts**
**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

1204851.00

7410498.00

(ii) Unitemized .....

1675.00

90256.61

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

1206526.00

7500754.61

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

407500.00

1501520.17

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ►

1614026.00

9002274.78

## 12. Transfers From Affiliated/Other

Party Committees.....

1600000.00

2200000.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

500.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

830.97

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ►

3214026.00

11203605.75

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ►

3214026.00

11203605.75

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	153173.10	1249015.20
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	153173.10	1249015.20
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	250000.00	260000.00
24. Independent Expenditures (use Schedule E) .....	2468699.34	8069937.84
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	414255.00	1639255.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	3286127.44	11218208.04
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3286127.44	11218208.04

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	1614026.00	9002274.78
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1614026.00	9002274.78
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	153173.10	1249015.20
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	500.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	153173.10	1248515.20

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 60  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**WOMEN VOTE!**

Full Name (Last, First, Middle Initial)

**A. Amy Abraham**

Mailing Address 5 McKnight Ln.

City State Zip Code  
 Saint Louis MO 63124

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

REQUESTED

REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 28 2014

Transaction ID : 4209199

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Sally Ahnger**

Mailing Address 1618 Yale Dr.

City State Zip Code  
 Mountain View CA 94040

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

None

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 24 2014

Transaction ID : 4207836

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Alan Appleford**

Mailing Address 6284 Clive Ave.

City State Zip Code  
 Oakland CA 94611

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

REQUESTED

REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 16 2014

Transaction ID : 4191906

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 60  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**WOMEN VOTE!**

Full Name (Last, First, Middle Initial)

**A. Marta Bach**

Mailing Address 11 High Street

City State Zip Code  
Marblehead MA 01945

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 03 / 2014

**Transaction ID : 4216264**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Marta Bach**

Mailing Address 11 High Street

City State Zip Code  
Marblehead MA 01945

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 03 / 2014

**Transaction ID : 4220400**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C. Emily Baker**

Mailing Address 4531 28th Street, N.W.

City State Zip Code  
Washington DC 20008

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 16 / 2014

**Transaction ID : 4191905**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1800.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 8 OF 60

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**WOMEN VOTE!**

Full Name (Last, First, Middle Initial)

## **A. Mary Barley**

Mailing Address 11 De Leon Ave PO Box 1915

City State Zip Code  
Islamorada FL 33036

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20000.00

Date of Receipt

M M / D D / Y Y Y Y  
10 / 17 / 2014

**Transaction ID : 4194436**

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

## **B. James Beck**

Mailing Address 4714 Windsor Ave.

City State Zip Code  
Philadelphia PA 19143

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Reed Smith

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
10 / 31 / 2014

**Transaction ID : 4216201**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **C. Michael Bloomberg**

Mailing Address 17 E 79th Street

City State Zip Code  
New York NY 10075

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bloomberg LP

Occupation

Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750000.00

Date of Receipt

M M / D D / Y Y Y Y  
10 / 16 / 2014

**Transaction ID : 4191367**

Amount of Each Receipt this Period

500000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

505250.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 60  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**WOMEN VOTE!**

Full Name (Last, First, Middle Initial)

## **A. Joanie Bronfman**

Mailing Address 1731 Beacon St Apt 517

City State Zip Code  
Brookline MA 02445

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
10 / 28 / 2014

**Transaction ID : 4209176**

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

## **B. Marcy Carsey**

Mailing Address 11601 Wilshire Blvd. # 1840

City State Zip Code  
Los Angeles CA 90025

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

REQUESTED

REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M / D D / Y Y Y Y  
10 / 24 / 2014

**Transaction ID : 4202853**

Amount of Each Receipt this Period

50000.00

Full Name (Last, First, Middle Initial)

## **C. Edith Cofrin**

Mailing Address 1074 Berkshire Rd. NE

City State Zip Code  
Atlanta GA 30306

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
11 / 03 / 2014

**Transaction ID : 4216263**

Amount of Each Receipt this Period

5000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**WOMEN VOTE!**

Full Name (Last, First, Middle Initial)

**A. Elizabeth Craven**

Mailing Address 4112 Powder Mill Road

City State Zip Code  
Chapel Hill NC 27514

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Community Volunteer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
10 / 24 / 2014

**Transaction ID : 4204651**

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Ernst De Haas**

Mailing Address P.O. Box 264

City State Zip Code  
Kingston NJ 08528

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

299.00

Date of Receipt

M M / D D / Y Y Y Y  
10 / 22 / 2014

**Transaction ID : 4202595**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Ernst De Haas**

Mailing Address P.O. Box 264

City State Zip Code  
Kingston NJ 08528

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

299.00

Date of Receipt

M M / D D / Y Y Y Y  
11 / 03 / 2014

**Transaction ID : 4220203**

Amount of Each Receipt this Period

26.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2626.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 OF 60

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**WOMEN VOTE!**

Full Name (Last, First, Middle Initial)

## **A. Dennis Eck**

Mailing Address 2877 Paradise Road Unit 1802

City State Zip Code  
 Las Vegas NV 89109

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Retail

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y  
 11 / 04 / 2014

**Transaction ID : 4222051**

Amount of Each Receipt this Period

15000.00

Full Name (Last, First, Middle Initial)

## **B. Steven Elmendorf**

Mailing Address 900 7th St NW Ste 750  
 # 7B

City State Zip Code  
 Washington DC 20001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Elmendorf Ryan

Ceo

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y  
 10 / 21 / 2014

**Transaction ID : 4199227**

Amount of Each Receipt this Period

10000.00

Full Name (Last, First, Middle Initial)

## **C. Sandra Eskin**

Mailing Address 1047 Woodlawn

City State Zip Code  
 Iowa City IA 52245

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

None

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 10 / 23 / 2014

**Transaction ID : 4201231**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

26000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 12 OF 60

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**WOMEN VOTE!**

Full Name (Last, First, Middle Initial)

## **A. Adrienne Fields**

Mailing Address 3900b Watson PI NW, Apt 1d

City State Zip Code  
 Washington DC 20016

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 10 / 16 / 2014

**Transaction ID : 4191908**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **B. Suzy Filbert**

Mailing Address 114 Taplow Rd.

City State Zip Code  
 Baltimore MD 21212

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

None

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
 10 / 31 / 2014

**Transaction ID : 4216961**

Amount of Each Receipt this Period

800.00

Full Name (Last, First, Middle Initial)

## **C. Dan Fireman**

Mailing Address 27 Appian Drive

City State Zip Code  
 Wellesley MA 02481

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fireman Capital Partners

Occupation

Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200000.00

Date of Receipt

M M / D D / Y Y Y Y  
 10 / 16 / 2014

**Transaction ID : 4191369**

Amount of Each Receipt this Period

50000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

51050.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 13 OF 60

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**WOMEN VOTE!**

Full Name (Last, First, Middle Initial)

**A. Irene Fischer-Davidson**

Mailing Address 1733 NW 25th Ave.

City

Portland

State

OR

Zip Code

97210

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 27 / 2014

**Transaction ID : 4208961**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. John Fish**

Mailing Address 778 Boylston Street, PH 2-A

City

Boston

State

MA

Zip Code

02199

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Suffolk Construction Company

Occupation

Chairman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 21 / 2014

**Transaction ID : 4198189**

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. Sheila Fortune**

Mailing Address 1304 8th Street

City

Boulder

State

CO

Zip Code

80302

FEC ID number of contributing  
federal political committee.

C

Name of Employer

REQUESTED

Occupation

REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 24 / 2014

**Transaction ID : 4207841**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

5350.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 60  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**WOMEN VOTE!**

Full Name (Last, First, Middle Initial)

## **A. Cynthia Friedman**

Mailing Address 300 Seminole Ave Apt 2A

City State Zip Code  
Palm Beach FL 33480

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Union Real Estate Co.

Occupation

Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y  
10 / 20 / 2014

**Transaction ID : 4193650**

Amount of Each Receipt this Period

10000.00

Full Name (Last, First, Middle Initial)

## **B. Cyrus Hagge**

Mailing Address 225 Commercial Street, Suite # 502

City State Zip Code  
Portland ME 04101

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Project Management, Inc.

Occupation

Real Estate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2600.00

Date of Receipt

M M / D D / Y Y Y Y  
10 / 23 / 2014

**Transaction ID : 4204048**

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

## **C. Eugenie Havemeyer**

Mailing Address 10 Gracie Square

City State Zip Code  
New York NY 10028

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Exploring The Metropolis, Inc.

Occupation

Dir. Nonprofit Servi

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5500.00

Date of Receipt

M M / D D / Y Y Y Y  
10 / 20 / 2014

**Transaction ID : 4193651**

Amount of Each Receipt this Period

2500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

15100.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 60  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**WOMEN VOTE!**

Full Name (Last, First, Middle Initial)

**A. Julian Haywood**

Mailing Address 3551 Lowry Road

City State Zip Code  
 Los Angeles CA 90027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

REQUESTED

REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 06 / 2014

Transaction ID : 4222888

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Ann Hecht**

Mailing Address 1152 Laurel Street

City State Zip Code  
 Berkeley CA 94708

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Self

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

11 / 12 / 2014

Transaction ID : 5222888

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Ann Hecht**

Mailing Address 1152 Laurel Street

City State Zip Code  
 Berkeley CA 94708

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Self

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

11 / 12 / 2014

Transaction ID : 6222888

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1600.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 16 OF 60

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**WOMEN VOTE!**

Full Name (Last, First, Middle Initial)

**A. Elizabeth Hinchliff**

Mailing Address 1890 E 107th St Apt 616

City  
Cleveland

State Zip Code  
OH 44106

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
10 / 20 / 2014

**Transaction ID : 4197015**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Robert Hodges**

Mailing Address 7401 Yorktown Ave.

City  
Huntington Beach

State Zip Code  
CA 92648

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
11 / 04 / 2014

**Transaction ID : 4222034**

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

**C. Swanee Hunt**

Mailing Address 168 Brattle Street

City  
Cambridge

State Zip Code  
MA 02138

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Hunt Alternatives Fund

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

65000.00

Date of Receipt

M M / D D / Y Y Y Y  
10 / 30 / 2014

**Transaction ID : 4214232**

Amount of Each Receipt this Period

15000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

15900.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 17 OF 60

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**WOMEN VOTE!**

Full Name (Last, First, Middle Initial)

## **A. Lynne Johnson**

Mailing Address 5517 Cedar Creek Dr

City

Houston

State

TX

Zip Code

77056

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Not Employed

Occupation

Housewife

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 20 / 2014

Transaction ID : 4197017

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **B. Marcia Johnson**

Mailing Address 360 State St., Apt. 3008

City

New Haven

State

CT

Zip Code

06510

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Yale University

Occupation

Professor

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 24 / 2014

Transaction ID : 4207701

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **C. Mary Kenny**

Mailing Address 1310 S Pebble Beach DR

City

Crescent City

State

CA

Zip Code

95531

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 21 / 2014

Transaction ID : 4201148

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 60  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**WOMEN VOTE!**

Full Name (Last, First, Middle Initial)

## **A. Carolyn Knobler**

Mailing Address 2023 Malcolm Ave

City State Zip Code  
Los Angeles CA 90025

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
10 / 21 / 2014

**Transaction ID : 4200893**

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

## **B. Barbara Lee**

Mailing Address 131 Mount Auburn Street, Suite 2

City State Zip Code  
Cambridge MA 02138

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250000.00

Date of Receipt

M M / D D / Y Y Y Y  
10 / 17 / 2014

**Transaction ID : 4193530**

Amount of Each Receipt this Period

50000.00

Full Name (Last, First, Middle Initial)

## **C. Judy Lissick**

Mailing Address 4276 Greenhaven Court

City State Zip Code  
Vadnais Heights MN 55127

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Aqua-Rius

Occupation

Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
10 / 17 / 2014

**Transaction ID : 4193249**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

50850.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 60  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**WOMEN VOTE!**

Full Name (Last, First, Middle Initial)

**A. Thomas Madden**

Mailing Address 9130 Kedvale Ave.

City State Zip Code  
Skokie IL 60076

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
10 / 24 / 2014

**Transaction ID : 4207845**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Edna Morris**

Mailing Address 14 North Pine Circle

City State Zip Code  
Belleair FL 33756

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Axum Capital Partners

Occupation

Restaurant Exec/Private Equity

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y  
10 / 19 / 2014

**Transaction ID : 4196202**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Edna Morris**

Mailing Address 14 North Pine Circle

City State Zip Code  
Belleair FL 33756

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Axum Capital Partners

Occupation

Restaurant Exec/Private Equity

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y  
10 / 19 / 2014

**Transaction ID : 4196203**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

2500.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 20 OF 60

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**WOMEN VOTE!**

Full Name (Last, First, Middle Initial)

## **A. Edna Morris**

Mailing Address 14 North Pine Circle

City  
Belleair

State Zip Code  
FL 33756

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Axum Capital Partners

Occupation  
Restaurant Exec/Private Equity

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y  
10 / 19 / 2014

Transaction ID : 4196204

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

## **B. Kathryn Mott**

Mailing Address 309 Kendal DR

City  
Kennett Square

State Zip Code  
PA 19348

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
REQUESTED

Occupation  
REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
10 / 28 / 2014

Transaction ID : 4209511

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **C. Kristin Mugford**

Mailing Address 67 Longfellow Road

City  
Wellesley

State Zip Code  
MA 02481

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Harvard Business School

Occupation  
Lecturer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y  
10 / 21 / 2014

Transaction ID : 4199473

Amount of Each Receipt this Period

10000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

11500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 OF 60  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**WOMEN VOTE!**

Full Name (Last, First, Middle Initial)

## **A. Anne Otten**

Mailing Address 5005 155th Pl. SE

City State Zip Code  
 Bellevue WA 98006

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 22 2014

**Transaction ID : 4202566**

Amount of Each Receipt this Period

7000.00

Full Name (Last, First, Middle Initial)

## **B. Ellen Poss**

Mailing Address 450 Warren Street

City State Zip Code  
 Brookline MA 02445

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

REQUESTED

REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 23 2014

**Transaction ID : 4202838**

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

## **C. Marjorie Rachlin**

Mailing Address 2919 Brandywine St. NW

City State Zip Code  
 Washington DC 20008

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

None

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 21 2014

**Transaction ID : 4198188**

Amount of Each Receipt this Period

3000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

15000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 OF 60  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**WOMEN VOTE!**

Full Name (Last, First, Middle Initial)

## **A. Susan Rice**

Mailing Address 10250 Constellation Boulevard  
#2320

City State Zip Code  
Los Angeles CA 90067

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Management Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 18 / 2014

**Transaction ID : 4225781**

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

## **B. Laura Ricketts**

Mailing Address 1615 W. Rosehill Dr

City State Zip Code  
Chicago IL 60640

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 23 / 2014

**Transaction ID : 4203696**

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

## **C. Jean Riddell**

Mailing Address 4824 Harness Ct

City State Zip Code  
Parker CO 80134

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

None

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 20 / 2014

**Transaction ID : 4197013**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

10500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 23 OF 60

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**WOMEN VOTE!**

Full Name (Last, First, Middle Initial)

**A. Jane Rohlf**

Mailing Address 253 Wendopver Drive

City  
Princeton

State  
NJ

Zip Code  
08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Premier Research

Occupation

Researcher

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 03 / 2014

**Transaction ID : 4216265**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Shelley Rubin**

Mailing Address 502 Park Avenue  
PH 25

City  
New York

State  
NY

Zip Code  
10022

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

None

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 17 / 2014

**Transaction ID : 4194230**

Amount of Each Receipt this Period

10000.00

Full Name (Last, First, Middle Initial)

**C. Michelle Scott**

Mailing Address 160 East 38th Street #26c

City  
New York

State  
NY

Zip Code  
10016

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fair Health, Inc.

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2014

**Transaction ID : 4216693**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

11500.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 60  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**WOMEN VOTE!**

Full Name (Last, First, Middle Initial)

### A. Scott Shenker

Mailing Address 66 Southampton Avenue

City State Zip Code  
Berkeley CA 94707

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Icsi

Scientist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900000.00

Date of Receipt

M M / D D / Y Y Y Y  
10 / 30 / 2014

Transaction ID : 4212422

Amount of Each Receipt this Period

100000.00

Full Name (Last, First, Middle Initial)

### B. Robert Shepard

Mailing Address 4403 Montview Dr.

City State Zip Code  
Chattanooga TN 37411

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

None

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
10 / 27 / 2014

Transaction ID : 4209854

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

### C. Myrna Siegel

Mailing Address 1739 Vineyard Trl.

City State Zip Code  
Annapolis MD 21401

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

None

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
10 / 20 / 2014

Transaction ID : 4197018

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

100800.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 60  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**WOMEN VOTE!**

Full Name (Last, First, Middle Initial)

## **A. Michael Simpson**

Mailing Address 10 Somerset Place

City State Zip Code  
 Wilmington MA 01887

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Bank Of New York Mellon

Occupation

Accounting Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 24 2014

**Transaction ID : 4204606**

Amount of Each Receipt this Period

7500.00

Full Name (Last, First, Middle Initial)

## **B. Jay Snyder**

Mailing Address 555 Madison Avenue  
 Suite 1302

City State Zip Code  
 New York NY 10022

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hbj Investments

Occupation

Financier

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 21 2014

**Transaction ID : 4199581**

Amount of Each Receipt this Period

10000.00

Full Name (Last, First, Middle Initial)

## **C. Barbara Stowe**

Mailing Address 11507 Woodstock Way

City State Zip Code  
 Reston VA 20194

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kansas State Univ/

Occupation

Dean And Prof/Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 16 2014

**Transaction ID : 4191903**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

18500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 26 OF 60

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**WOMEN VOTE!**

Full Name (Last, First, Middle Initial)

## **A. Mary Swig**

Mailing Address 1834 California Street

City State Zip Code  
San Francisco CA 94109

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mary Green

Occupation

Designer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30000.00

Date of Receipt

M M / D D / Y Y Y Y  
10 / 30 / 2014

**Transaction ID : 4215090**

Amount of Each Receipt this Period

25000.00

Full Name (Last, First, Middle Initial)

## **B. Kathleen Taylor**

Mailing Address 612 N 47th Street

City State Zip Code  
Seattle WA 98103

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

None

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y  
10 / 25 / 2014

**Transaction ID : 4205617**

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

## **C. Kathleen Townsend**

Mailing Address PO Box 305

City State Zip Code  
Shady Side MD 20764

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rock Creek Group

Occupation

Lawyer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y  
10 / 21 / 2014

**Transaction ID : 4198227**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 OF 60  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**WOMEN VOTE!**

Full Name (Last, First, Middle Initial)

**A. Kathleen Townsend**

Mailing Address PO Box 305

City

Shady Side

State

MD

Zip Code

20764

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rock Creek Group

Occupation

Lawyer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 29 / 2014

Transaction ID : 5198227

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**B. Kathleen Townsend**

Mailing Address PO Box 305

City

Shady Side

State

MD

Zip Code

20764

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rock Creek Group

Occupation

Lawyer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 29 / 2014

Transaction ID : 6198227

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Kathleen Townsend**

Mailing Address PO Box 305

City

Shady Side

State

MD

Zip Code

20764

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rock Creek Group

Occupation

Lawyer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 29 / 2014

Transaction ID : 7198227

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

650.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 28 OF 60

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**WOMEN VOTE!**

Full Name (Last, First, Middle Initial)

## **A. Madelin Wexler**

Mailing Address 3101 N Sheridan Rd  
Apt 1104

City State Zip Code  
Chicago IL 60657

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 22 / 2014

**Transaction ID : 4201218**

Amount of Each Receipt this Period

3400.00

Full Name (Last, First, Middle Initial)

## **B. Elizabeth Williams**

Mailing Address 2 Bishop Gadsden Way, Apt. #2028

City State Zip Code  
Charleston SC 29412

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 27 / 2014

**Transaction ID : 4209856**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

## **C. Alice Wohl**

Mailing Address 12 Long Pond Rd

City State Zip Code  
Housatonic MA 01236

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Independent Scholar

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 23 / 2014

**Transaction ID : 4203108**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

5400.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 OF 60  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**WOMEN VOTE!**

Full Name (Last, First, Middle Initial)

## **A. Laure Woods**

Mailing Address 884 Portola Road  
Suite A7

City State Zip Code  
Portola Valley CA 94028

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Philanthropy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

90000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 19 / 2014

**Transaction ID : 4196009**

Amount of Each Receipt this Period

15000.00

Full Name (Last, First, Middle Initial)

## **B. Laure Woods**

Mailing Address 884 Portola Road  
Suite A7

City State Zip Code  
Portola Valley CA 94028

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Philanthropy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

90000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2014

**Transaction ID : 4217639**

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

## **C. Jean Yngve**

Mailing Address 28 Crest Dr

City State Zip Code  
Chesterton IN 46304

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 22 / 2014

**Transaction ID : 4202568**

Amount of Each Receipt this Period

375.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

20375.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 30 OF 60

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**WOMEN VOTE!**

Full Name (Last, First, Middle Initial)

## **A. AFT Solidarity 527**

Mailing Address 555 New Jersey Ave., N.W

City  
Washington

State Zip Code  
DC 20001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 27 / 2014

**Transaction ID : 4207982**

Amount of Each Receipt this Period

100000.00

Full Name (Last, First, Middle Initial)

## **B. ATU**

Mailing Address 5025 Wisconsin Ave NW

City  
Washington

State Zip Code  
DC 20016

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

40000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 10 / 2014

**Transaction ID : 4223620**

Amount of Each Receipt this Period

40000.00

Full Name (Last, First, Middle Initial)

## **C. Kalik and Associates Inc**

Mailing Address 10291 Arizona Circle

City  
Bethesda

State Zip Code  
MD 20817

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 18 / 2014

**Transaction ID : 4225782**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

140100.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 31 OF 60

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**WOMEN VOTE!**

Full Name (Last, First, Middle Initial)

## **A. United Association Plumbers & Pipefitters**

Mailing Address Three Park Place

City

Annapolis

State

MD

Zip Code

21401

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

345000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 21 / 2014

**Transaction ID : 4198358**

Amount of Each Receipt this Period

100000.00

Full Name (Last, First, Middle Initial)

## **B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

100000.00

1204851.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 OF 60  
(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**WOMEN VOTE!**

Full Name (Last, First, Middle Initial)

## **A. House Majority PAC**

Mailing Address 1025 Thomas Jefferson Street NW  
Ste 180G

City State Zip Code  
Washington DC 20007

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

46520.17

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 28 / 2014

**Transaction ID : 4223604**

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

## **B. Georgians Together**

Mailing Address PO Box 77393

City State Zip Code  
Atlanta GA 30357

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 23 / 2014

**Transaction ID : 4202843**

Amount of Each Receipt this Period

50000.00

Full Name (Last, First, Middle Initial)

## **C. LPAC**

Mailing Address 409 7th St NW Ste 350

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

85000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 24 / 2014

**Transaction ID : 4202848**

Amount of Each Receipt this Period

30000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

82500.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 OF 60  
(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**WOMEN VOTE!**

Full Name (Last, First, Middle Initial)

## **A. LPAC**

Mailing Address 409 7th St NW Ste 350

City State Zip Code  
 Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

85000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 30 / 2014

**Transaction ID : 4212421**

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

## **B. Drive Committee**

Mailing Address 25 Louisiana Avenue NW

City State Zip Code  
 Washington DC 20001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 29 / 2014

**Transaction ID : 4212420**

Amount of Each Receipt this Period

100000.00

Full Name (Last, First, Middle Initial)

## **C. Drive Committee**

Mailing Address 25 Louisiana Avenue NW

City State Zip Code  
 Washington DC 20001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 11 / 04 / 2014

**Transaction ID : 4221902**

Amount of Each Receipt this Period

20000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

125000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 34 OF 60

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**WOMEN VOTE!**

Full Name (Last, First, Middle Initial)

## **A. American Association for Justice PAC**

Mailing Address 777 6th Street NW

City State Zip Code  
 Washington DC 20001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 16 2014

**Transaction ID : 4191370**

Amount of Each Receipt this Period

50000.00

Full Name (Last, First, Middle Initial)

## **B. National Education Association Fund for Children**

Mailing Address 1201 16th Street, NW

City State Zip Code  
 Washington DC 20036

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 20 2014

**Transaction ID : 4196233**

Amount of Each Receipt this Period

150000.00

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

200000.00

407500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 OF 60  
(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**WOMEN VOTE!**

Full Name (Last, First, Middle Initial)

## **A. EMILY's List**

Mailing Address 1800 M Street NW  
Ste 375N

City State Zip Code  
Washington DC 20036

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 20 / 2014

**Transaction ID : 5196233**

Amount of Each Receipt this Period

300000.00

Transfer from Affiliate

Full Name (Last, First, Middle Initial)

## **B. EMILY's List**

Mailing Address 1800 M Street NW  
Ste 375N

City State Zip Code  
Washington DC 20036

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 23 / 2014

**Transaction ID : 6196234**

Amount of Each Receipt this Period

500000.00

Transfer from Affiliate

Full Name (Last, First, Middle Initial)

## **C. EMILY's List**

Mailing Address 1800 M Street NW  
Ste 375N

City State Zip Code  
Washington DC 20036

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 24 / 2014

**Transaction ID : 7196234**

Amount of Each Receipt this Period

300000.00

Transfer from Affiliate

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1100000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 36 OF 60

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**WOMEN VOTE!**

Full Name (Last, First, Middle Initial)

## **A. EMILY's List**

Mailing Address 1800 M Street NW  
Ste 375N

City Washington State DC Zip Code 20036

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 29 / 2014

Transaction ID : 8196234

Amount of Each Receipt this Period

500000.00

Transfer from Affiliate

Full Name (Last, First, Middle Initial)

## **B.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

500000.00

1600000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 37 OF 60

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**WOMEN VOTE!**

Full Name (Last, First, Middle Initial)

**A. Blackbaud Merchant Services**

Mailing Address 2000 Daniel Island Drive

City Charleston      State SC      Zip Code 29492

Purpose of Disbursement  
Credit Card Service Charges

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10      22      2014
**Transaction ID : SB21B-607**

Amount of Each Disbursement this Period

172.51

Full Name (Last, First, Middle Initial)

**B. The Feldman Group Inc.**

Mailing Address 508-510 8th Street, SE

City Washington      State DC      Zip Code 20003

Purpose of Disbursement  
Polling/Surveys

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10      23      2014
**Transaction ID : SB21B-593**

Amount of Each Disbursement this Period

33966.26

Full Name (Last, First, Middle Initial)

**C. Clarity Campaign Labs**Mailing Address 1750 K St. NW  
Ste 700

City Washington      State DC      Zip Code 20006

Purpose of Disbursement  
Polling/Surveys

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10      23      2014
**Transaction ID : SB21B-594**

Amount of Each Disbursement this Period

4500.00

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

38638.77

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

## WOMEN VOTE!

### A. Hart Research Associates

The image shows three 10-pin D-sub connectors. The first connector is labeled 'M10' and has two pins labeled 'M'. The second connector is labeled 'D23' and has two pins labeled 'D'. The third connector is labeled 'Y2014' and has four pins labeled 'Y'.

Category/  
Type

15500.00

State:  District:

### B. Hart Research Associates

M M / D D / Y Y Y Y  
10 23 2014

Category/  
Type

1250.50

State:  District:

### C. Stones' Phones

Category/  
Type

15000.00

State:  District:

31750.50







<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

## WOMEN VOTE!

### A. Authorize.net

Category/  
Type

85.25

State:  District:

### B. Blackbaud Merchant Services

M M / D D / Y Y Y Y  
11 06 2014

Category/  
Type

26.24

State:  District:

### C. The Analyst Institute

Three 10-pin D-sub connectors are shown side-by-side. The first connector is labeled '11' and has two pins labeled 'M'. The second connector is labeled '12' and has two pins labeled 'D'. The third connector is labeled '2014' and has four pins labeled 'Y'.

Category/  
Type

2000.00

State:  District:

2111.49

\_\_\_\_\_

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 42 OF 60

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**WOMEN VOTE!**

Full Name (Last, First, Middle Initial)

**A. Blackbaud Merchant Services**

Mailing Address 2000 Daniel Island Drive

City Charleston      State SC      Zip Code 29492

Purpose of Disbursement  
Credit Card Service Charges

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 17 / 2014
**Transaction ID : SB21B-632**

Amount of Each Disbursement this Period

177.70

Full Name (Last, First, Middle Initial)

**B. United Parcel Service**

Mailing Address PO Box 7247-0244

City Philadelphia      State PA      Zip Code 19170

Purpose of Disbursement  
Deliveries

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 20 / 2014
**Transaction ID : SB21B-628**

Amount of Each Disbursement this Period

51.78

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City      State      Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

229.48

153173.10

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 43 OF 60

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**WOMEN VOTE!**

Full Name (Last, First, Middle Initial)

**A. Senate Majority PAC**Mailing Address 700 13TH STREET NW  
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Committee Contribution

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		24		2014

**Transaction ID : SB29-608**

Amount of Each Disbursement this Period

250000.00
-----------

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

--

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

--

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

250000.00
-----------

250000.00
-----------

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 44 OF 60

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**WOMEN VOTE!**

Full Name (Last, First, Middle Initial)

**A. Alliance for a Better Rhode Island**

Mailing Address PO Box 15

City	State	Zip Code
Boston	MA	02137

Purpose of Disbursement  
Committee Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2014

**Transaction ID : SB29-588**

Amount of Each Disbursement this Period

100000.00
-----------

Full Name (Last, First, Middle Initial)

**B. Alliance for a Better Rhode Island**

Mailing Address PO Box 15

City	State	Zip Code
Boston	MA	02137

Purpose of Disbursement  
Committee Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		22		2014

**Transaction ID : SB29-592**

Amount of Each Disbursement this Period

150000.00
-----------

Full Name (Last, First, Middle Initial)

**C. American LeadHERship PAC**Mailing Address 267 Gleaner Chapel Road  
Attn: Kate Coyne McCoy

City	State	Zip Code
North Scituate	RI	02857

Purpose of Disbursement  
Committee Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		24		2014

**Transaction ID : SB29-609**

Amount of Each Disbursement this Period

20000.00
----------

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

270000.00
-----------

--

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 45 OF 60

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**WOMEN VOTE!**

Full Name (Last, First, Middle Initial)

**A. Massachusetts Women Vote! Independent Exenditure Committee**Mailing Address 1800 M Street NW  
Ste 375N

City Washington State DC Zip Code 20036

Purpose of Disbursement  
Committee Contribution

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		28		2014

**Transaction ID : SB29-635**

Amount of Each Disbursement this Period

47000.00
----------

Full Name (Last, First, Middle Initial)

**B. Massachusetts Women Vote! Independent Exenditure Committee**Mailing Address 1800 M Street NW  
Ste 375N

City Washington State DC Zip Code 20036

Purpose of Disbursement  
Committee Contribution

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		28		2014

**Transaction ID : SB29-634**

Amount of Each Disbursement this Period

50000.00
----------

Full Name (Last, First, Middle Initial)

**C. Massachusetts Women Vote! Independent Exenditure Committee**Mailing Address 1800 M Street NW  
Ste 375N

City Washington State DC Zip Code 20036

Purpose of Disbursement  
Committee Contribution

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		29		2014

**Transaction ID : SB29-633**

Amount of Each Disbursement this Period

47255.00
----------

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

144255.00
-----------

414255.00
-----------

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 46 OF 60

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10
NAME OF COMMITTEE (In Full)  
**WOMEN VOTE!**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Pivot Group**Nature of Debt (Purpose):  
NC-Sen MailhouseMailing Address 1720 I St., NW  
Ste 550City State Zip Code  
Washington DC 20006

Outstanding Balance Beginning This Period

50791.95

Transaction ID : SD-1252

Amount Incurred This Period

0.00

Payment This Period

50791.95

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

0.00

2) **TOTALS** This Period (last page this line number only)..... ►

0.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 47 OF 60  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN VOTE!</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00473918	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee <b>The Pivot Group</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 14 / 2014</b>	
Mailing Address 1720 I St., NW Ste 550		Amount 50791.95	
City Washington	State DC	Zip Code 20006	Transaction ID : <b>SE-6208</b>
Purpose of Expenditure Mailhouse	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 16 / 2014</b>	
Name of Federal Candidate Thom Tillis		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>SKD Knickerbocker</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 16 / 2014</b>	
Mailing Address 1150 18th Street NW Ste 800		Amount 37991.75	
City Washington	State DC	Zip Code 20036	Transaction ID : <b>SE-6209</b>
Purpose of Expenditure TV Production & Online Placement	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 23 / 2014</b>	
Name of Federal Candidate Thom Tillis		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		88783.70	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature  Caroline Fines		Date MM / DD / YYYY <b>12 / 04 / 2014</b>	
		[Electronically Filed]	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 48 OF 60  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN VOTE!</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00473918	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee <b>The Pivot Group</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 17 / 2014</b>	
Mailing Address 1720 I St., NW Ste 550		Amount 54894.37	
City Washington	State DC	Zip Code 20006	Transaction ID : <b>SE-6210</b>
Purpose of Expenditure Mailhouse	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 16 / 2014</b>	
Name of Federal Candidate Thom Tillis		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>The Strategy Group</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 20 / 2014</b>	
Mailing Address 1603 Orrington Avenue Ste 1730		Amount 62327.42	
City Evanston	State IL	Zip Code 60201	Transaction ID : <b>SE-6211</b>
Purpose of Expenditure Mailhouse	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 23 / 2014</b>	
Name of Federal Candidate Scott Brown		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NH</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		117221.79	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature  <i>Caroline Fines</i>		Date MM / DD / YYYY <b>12 / 04 / 2014</b>	
		[Electronically Filed]	



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 49 OF 60  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN VOTE!</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00473918		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>The Pivot Group</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">21</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 1720 I St., NW Ste 550			Amount <span style="border: 1px solid black; padding: 2px;">54081.60</span>		
City Washington		State DC	Zip Code 20006		
Purpose of Expenditure Mailhouse		Category/ Type <span style="border: 1px solid black; padding: 2px;"></span>	Transaction ID : <b>SE-6212</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">23</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Name of Federal Candidate Thom Tillis			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President    State: <b>NC</b>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">2872717.23</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>The Strategy Group</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">21</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 1603 Orrington Avenue Ste 1730			Amount <span style="border: 1px solid black; padding: 2px;">28673.52</span>		
City Evanston		State IL	Zip Code 60201		
Purpose of Expenditure Mailhouse		Category/ Type <span style="border: 1px solid black; padding: 2px;"></span>	Transaction ID : <b>SE-6213</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">23</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Name of Federal Candidate Marilinda Garcia			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate    District: <b>02</b> <input type="checkbox"/> President    State: <b>NH</b>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">57347.04</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">82755.12</span>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Caroline Fines</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">12</span> / <span style="border: 1px solid black; padding: 2px;">04</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 50 OF 60  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN VOTE!</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00473918		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div>					
Full Name of Payee <b>The Strategy Group</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">21</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address 1603 Orrington Avenue Ste 1730			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">27498.67</div>		
City Evanston		State IL	Zip Code 60201		
Purpose of Expenditure Mailhouse		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		Transaction ID : <b>SE-6214</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">23</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>	
Name of Federal Candidate Frank Guinta			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House    District: <u>01</u> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>NH</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">54997.34</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Adelstein Liston</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">21</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address 222 West Ontario Street Ste 600			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">200000.00</div>		
City Chicago		State IL	Zip Code 60654		
Purpose of Expenditure TV Buy		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		Transaction ID : <b>SE-6215</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">17</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>	
Name of Federal Candidate David Perdue			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>GA</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2196587.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">227498.67</div>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Caroline Fines</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">12</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">04</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 51 OF 60  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN VOTE!</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00473918		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div>		

  

Full Name of Payee <b>Adelstein Liston</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014		
Mailing Address 222 West Ontario Street Ste 600			Amount 400000.00		
City Chicago	State IL	Zip Code 60654	Transaction ID : SE-6216		
Purpose of Expenditure TV Buy		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014		
Name of Federal Candidate David Perdue		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: GA		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

  

Full Name of Payee <b>Adelstein Liston</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014		
Mailing Address 222 West Ontario Street Ste 600			Amount 11650.00		
City Chicago	State IL	Zip Code 60654	Transaction ID : SE-6217		
Purpose of Expenditure TV Production		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014		
Name of Federal Candidate David Perdue		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: GA		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

  

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	411650.00
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

  

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Caroline Fines [Electronically Filed] Date

MM / DD / YYYY  
 12 / 04 / 2014

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 52 OF 60  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN VOTE!</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00473918	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> <div style="display: flex; justify-content: space-between;"> <span>  /  /  </span> </div> </div>	

Full Name of Payee <b>The Pivot Group</b>		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> <div style="display: flex; justify-content: space-between;"> <span>10 / 23 / 2014</span> </div> </div>	
Mailing Address 1720 I St., NW Ste 550		Amount <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>  /  /  </span> </div> <div style="display: flex; justify-content: space-between;"> <span>  /  /  </span> </div> </div>	
City Washington	State DC	Zip Code 20006	Transaction ID : SE-6218 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> <div style="display: flex; justify-content: space-between;"> <span>10 / 23 / 2014</span> </div> </div>
Purpose of Expenditure Mailhouse		Category/Type	
Name of Federal Candidate Thom Tillis		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>  /  /  </span> </div> <div style="display: flex; justify-content: space-between;"> <span>  /  /  </span> </div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>The Strategy Group</b>		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> <div style="display: flex; justify-content: space-between;"> <span>10 / 23 / 2014</span> </div> </div>	
Mailing Address 1603 Orrington Avenue Ste 1730		Amount <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>  /  /  </span> </div> <div style="display: flex; justify-content: space-between;"> <span>  /  /  </span> </div> </div>	
City Evanston	State IL	Zip Code 60201	Transaction ID : SE-6219 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> <div style="display: flex; justify-content: space-between;"> <span>10 / 23 / 2014</span> </div> </div>
Purpose of Expenditure Mailhouse		Category/Type	
Name of Federal Candidate Scott Brown		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>  /  /  </span> </div> <div style="display: flex; justify-content: space-between;"> <span>  /  /  </span> </div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>  /  /  </span> </div> <div style="display: flex; justify-content: space-between;"> <span>  /  /  </span> </div> </div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>  /  /  </span> </div> <div style="display: flex; justify-content: space-between;"> <span>  /  /  </span> </div> </div>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>  /  /  </span> </div> <div style="display: flex; justify-content: space-between;"> <span>  /  /  </span> </div> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Caroline Fines

[Electronically Filed]

Date

MM / DD / YYYY

12 / 04 / 2014

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 53 OF 60  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN VOTE!</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00473918		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div>		
Full Name of Payee <b>Bully Pulpit Interactive</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014		
Mailing Address 1140 Connecticut Avenue, NW Ste 800			Amount 50000.00		
City Washington State DC Zip Code 20036		Transaction ID : SE-6220 Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014			
Purpose of Expenditure Online Ads		Category/Type			
Name of Federal Candidate Thom Tillis			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: NC		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>The New Media Firm</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014		
Mailing Address 1730 Rhode Island Avenue, NW Ste 213			Amount 172000.00		
City Washington State DC Zip Code 20036		Transaction ID : SE-6221 Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014			
Purpose of Expenditure Radio Buy		Category/Type			
Name of Federal Candidate Scott Brown			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: NH		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			222000.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  Caroline Fines			Date <span style="float: right;">MM / DD / YYYY 12 / 04 / 2014</span>		

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 54 OF 60  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN VOTE!</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00473918	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee <b>The New Media Firm</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 24 / 2014</b>	
Mailing Address 1730 Rhode Island Avenue, NW Ste 213		Amount 3000.00	
City Washington	State DC	Zip Code 20036	Transaction ID : <b>SE-6222</b>
Purpose of Expenditure Radio Ad Production		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 22 / 2014</b>
Name of Federal Candidate Scott Brown		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NH</b>
Calendar Year-To-Date Per Election for Office Sought		975946.98	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee <b>The Strategy Group</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 27 / 2014</b>	
Mailing Address 1603 Orrington Avenue Ste 1730		Amount 28673.52	
City Evanston	State IL	Zip Code 60201	Transaction ID : <b>SE-6223</b>
Purpose of Expenditure Mailhouse		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 23 / 2014</b>
Name of Federal Candidate Marilinda Garcia		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>02</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>NH</b>
Calendar Year-To-Date Per Election for Office Sought		57347.04	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		31673.52	
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature  <i>Caroline Fines</i>		Date MM / DD / YYYY <b>12 / 04 / 2014</b>	
		[Electronically Filed]	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 55 OF 60  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN VOTE!</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00473918		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div>					
Full Name of Payee <b>The Strategy Group</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">27</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address 1603 Orrington Avenue Ste 1730			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">27498.67</div>		
City Evanston		State IL	Zip Code 60201		
Purpose of Expenditure Mailhouse		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		Transaction ID : <b>SE-6224</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">23</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>	
Name of Federal Candidate Frank Guinta			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House    District: <u>01</u> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>NH</u>		
Calendar Year-To-Date Per Election for Office Sought			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">54997.34</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>The Strategy Group</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">28</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address 1603 Orrington Avenue Ste 1730			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">60183.92</div>		
City Evanston		State IL	Zip Code 60201		
Purpose of Expenditure Mailhouse		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		Transaction ID : <b>SE-6225</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">30</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>	
Name of Federal Candidate Scott Brown			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NH</u>		
Calendar Year-To-Date Per Election for Office Sought			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">975946.98</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">87682.59</div>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Caroline Fines</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">12</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">04</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 56 OF 60  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN VOTE!</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00473918
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Adelstein Liston</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 28 / 2014</b>
Mailing Address 222 West Ontario Street Ste 600		Amount 200000.00
City Chicago	State IL	Zip Code 60654
Purpose of Expenditure TV Buy	Category/Type	Transaction ID : <b>SE-6226</b> Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 17 / 2014</b>
Name of Federal Candidate David Perdue		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>GA</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
		2196587.00

Full Name of Payee <b>Adelstein Liston</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 28 / 2014</b>
Mailing Address 222 West Ontario Street Ste 600		Amount 200000.00
City Chicago	State IL	Zip Code 60654
Purpose of Expenditure TV Buy	Category/Type	Transaction ID : <b>SE-6227</b> Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 20 / 2014</b>
Name of Federal Candidate David Perdue		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>GA</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
		2196587.00

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	400000.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Caroline Fines

[Electronically Filed]

Date

MM / DD / YYYY  
**12 / 04 / 2014**

Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 57 OF 60  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN VOTE!</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00473918	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY   /   /   </div> <div>MM / DD / YYYY   /   /   </div> </div>	

Full Name of Payee <b>Adelstein Liston</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 222 West Ontario Street Ste 600		Amount 200000.00	
City Chicago	State IL	Zip Code 60654	Transaction ID : SE-6228
Purpose of Expenditure TV Buy	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014	
Name of Federal Candidate David Perdue		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: GA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ►	

Full Name of Payee <b>Adelstein Liston</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 222 West Ontario Street Ste 600		Amount 6750.00	
City Chicago	State IL	Zip Code 60654	Transaction ID : SE-6229
Purpose of Expenditure TV Production	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014	
Name of Federal Candidate David Perdue		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: GA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	206750.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Caroline Fines

[Electronically Filed]

Date

 MM / DD / YYYY  
 12 / 04 / 2014

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 58 OF 60  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN VOTE!</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00473918		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>The Pivot Group</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">28</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 1720 I St., NW Ste 550			Amount <span style="border: 1px solid black; padding: 2px;">15166.71</span>		
City Washington		State DC	Zip Code 20006		
Purpose of Expenditure Mailhouse		Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>		Transaction ID : <b>SE-6230</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">30</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Thom Tillis			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">2872717.23</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Waterfront Strategies</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">28</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 3050 K Street, NW Ste 100			Amount <span style="border: 1px solid black; padding: 2px;">45000.00</span>		
City Washington		State DC	Zip Code 20007		
Purpose of Expenditure TV Buy		Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>		Transaction ID : <b>SE-6231</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">27</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Thom Tillis			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">2872717.23</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">60166.71</span>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"> </span>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"> </span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Caroline Fines</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">12</span> / <span style="border: 1px solid black; padding: 2px;">04</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 59 OF 60  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN VOTE!</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00473918
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Waterfront Strategies</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014
Mailing Address 3050 K Street, NW Ste 100		Amount 299997.00
City Washington	State DC	Zip Code 20007
Purpose of Expenditure TV Buy	Category/ Type	Transaction ID : <b>SE-6232</b> Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Name of Federal Candidate Scott Brown	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NH</b>
Calendar Year-To-Date Per Election for Office Sought 975946.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>SKD Knickerbocker</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014
Mailing Address 1150 18th Street NW Ste 800		Amount 6111.22
City Washington	State DC	Zip Code 20036
Purpose of Expenditure TV Production	Category/ Type	Transaction ID : <b>SE-6233</b> Date of Disbursement or Obligation MM / DD / YYYY 11 / 06 / 2014
Name of Federal Candidate Scott Brown	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NH</b>
Calendar Year-To-Date Per Election for Office Sought 975946.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	306108.22
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Caroline Fines

[Electronically Filed]

Date

MM / DD / YYYY  
12 / 04 / 2014

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 60 OF 60  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN VOTE!</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00473918	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>The New Media Firm</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 31 / 2014</b>	
Mailing Address 1730 Rhode Island Avenue, NW Ste 213		Amount <b>110000.00</b>	
City Washington	State DC	Zip Code 20036	Transaction ID : <b>SE-6234</b>
Purpose of Expenditure Radio Buy	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 30 / 2014</b>	
Name of Federal Candidate Scott Brown		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <b>NH</b>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>110000.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....▶	<b>2468699.34</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Caroline Fines

[Electronically Filed]

Date

MM / DD / YYYY  
**12 / 04 / 2014**

Signature